JAN 6 1920

# MISSOURI STATE BOARD OF HEALTH
## BUREAU OF VITAL STATISTICS
### CERTIFICATE OF DEATH

Do not use this space.

38099

1. PLACE OF DEATH
County: St Louis
Township:
City: Richmond Hts (No. St. Mary's Hospital St. Ward)
Registration District No. 790
Primary Registration District No. 6033
File No.
Registered No. 353

2. FULL NAME Ernestine C. Kulle
(a) Residence. No. 5133 Washington Blvd. St. Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Harry E. Kulle

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 2, 1882

7. AGE: Years 45; Months 11; Days 15; If LESS than 1 day, ___ hrs. or ___ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: At Home

9. BIRTHPLACE (CITY OR TOWN) Pittsburgh
(STATE OR COUNTRY) Penn.

PARENTS
10. NAME OF FATHER Harry C. Meyers
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Pittsburgh
(STATE OR COUNTRY) Penn.
12. MAIDEN NAME OF MOTHER Harriett Brown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Pittsburgh
(STATE OR COUNTRY) Penn.

14. INFORMANT Harry E. Kulle
(Address) 5133 Washington Blvd.

15. FILED 12/16 1927 J. B. Freddrith REGISTRAR

## 2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 15th 1927

17. I HEREBY CERTIFY, That I attended deceased from April 1927, to Dec 15th 1927, that I last saw her alive on Dec 14th 1927 and that death occurred, on the date stated above, at 4 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myo Carditis, Chronic
930
132 A
(duration) + yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY) Nephritis
(duration) yrs. 6 mos. — ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? No. DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? X Ray - Cardiograph clinical
(Signed) Geo W. Carson, M. D.
12/15 1927 (Address) 835 Century Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Lake Charles
DATE OF BURIAL: Dec 17 1927

20. UNDERTAKER: Alexander & Lees
ADDRESS: 6175 Delmar

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Centre Bldg. Gayfield 1180